

INDIVIDUAL MANUFACTURED HOME PLANNING APPROVAL

TOWN OF HILTON HEAD ISLAND

THIS FORM IS TO BE USED ONLY FOR INDIVIDUAL HOMES OR REPLACEMENTS.

Name of Home Owner _____ Date _____

Current Address _____ Telephone Number _____

Name of Land Owner _____ Telephone Number _____

Proposed Location of Manufactured Home _____

District _____ Map _____ Parcel _____ Lot _____

Gross Acreage _____ Net Acreage _____ Zoning _____ Permitted Density _____

Color: _____ Square Feet: _____ Width: ☐ Single ☐ Double ☐ Triple

Is this manufactured home replacing an existing home? ☐ YES ☐ NO

If a replacement:

When will the existing manufactured home be moved? _____

Where is the existing manufactured home being moved to? _____

Who owns/owned the existing manufactured home? _____

Proof of a home having been on the site at some time since 1989 provided: ☐ YES ☐ NO

**If this is a replacement home, the home being replaced must be moved off island
or to a Town approved site before the new home can be placed.**

To the best of my knowledge, the information on this application and all additional documentation is true, factual, and complete. I hereby agree to abide by all conditions of any approvals granted by the Town of Hilton Head Island. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale. I will notify the Planning Staff of the Town of Hilton Head Island of any changes in the location of this manufactured home.

Signatures: _____
Home Owner Land Owner

FOR OFFICIAL USE ONLY

Approved by: _____ Date Approved: _____ Flood Zone: _____

ADPR/DPR Number: _____ Building Permit Number: _____

Planning Approval Expiration date (one year from approval date): _____

Setback from road right-of-way: ☐ 20' ☐ 50' Setback from marsh/critical line: ☐ 20' ☐ NA

Conditions: _____

Staff Comments: _____

